Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/26/2010	Address:	9462 N. SR. 19 Lot #17
Case #:	<u>24F31436</u>		Etna Green, Indiana 46524
County:	<u>Kosciusko</u>		
K	aboratory Seizure (check one)	Seizure Location (
	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>Bedroom</u>			
Water F	Reactive Metal (Lithium):		
Anhydr	ous Ammonia:		
☐ Hydrochloric Acid Gas Generator(s): Bedroom			
Corrosive Acid: Bedroom			
Corrosive Base: <u>Bedroom</u>			
Other (item and location): Ammonia Nitrate/Bedroom			
Yes No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine Retail/Me	e Information e/Pseudoephedrine Tracking Log erchant Tip len property inv.
This report	t is to be faxed to the following agen	cies that serve the lo	ocation:
Fire Depart	ment: Nappanee VFD	Fax: <u>574-7</u>	
Health Department: Kosciusko County HD		Fax: <u>(574)</u> Fax:	
Child Prote	ction Service:	1 ua.	
	information regarding this methamphe g Officer: Trp. Andrew Cochran Phor		ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.